

## TRAVEL EXPENSE CLAIM

STD. 262 (REV. 6/93)

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CLAIMANT'S NAME			SSAN OR EMPLOYEE NUMBER*		DEPARTMENT	
Anthony P. Sauer					Rehabilitation	
		CB/D NUMBER	DIVISION OR BUREAU			
813-001-9785-001		E99	Director's Office			
			HEADQUARTERS ADDRESS			TELEPHONE NUMBER
			721 Capitol Mall			(916) 558-5800
CITY	STATE	ZIP CODE	STATE			ZIP CODE
			Sacramento			95814
			CA			

[illegible]

CLAIM TOTAL	\$ 769.95
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(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)	(12) NORMAL WORK HOURS
Director's Office 001 - 4/27 - 5/1=Van Nuys District & Independent Living Center meetings and tour of Assistive Technology (AT) program at CSU Northridge; 5/4-5=Ontario for SB 105 Training and Orientation for Blind Field Services Counselors; 5/10-11=Fresno for State Plan Public Meeting.	(13) PRIVATE VEHICLE LICENSE NUMBER
	(14) MILEAGE RATE CLAIMED \$0.550
	AGENCY ACCOUNTING OFFICE USE ONLY
(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.	PAYD BY REVOLVING FUND CHECK NUMBER

CLAIMANT'S SIGNATURE	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
> Original signed by Anthony Sauer		> Original signed by Luciana Profaca	

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)	DATE
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